

IPLM Group, P.A.

**United States Patent Application****COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL RECHARGING COIL**

The specification of which

a. ☐ is attached hereto

b. ☒ was filed on February 5, 2004 as application serial no. 10/772,944 and was amended on (if applicable) (in the case of a PCT-filed application) described and claimed in international no. filed and as amended on (if any), which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (attached hereto).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

a. ☐ no such applications have been filed.

b. ☒ such applications have been filed as follows:

FOREIGN APPLICATION(S), IF ANY, CLAIMING PRIORITY UNDER 35 USC § 119			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
EP	01114677.6	19-06-2001	
ALL FOREIGN APPLICATION(S), IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)

I hereby claim the benefit under Title 35, United States Code, § 120/365 of any United States and PCT international application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)
09/596,566	19-06-2000	abandoned

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

U.S. PROVISIONAL APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)

I hereby appoint the attorney(s) and/or patent agent(s) associated with

**Customer No. 54228**

which currently includes:

John W. Albrecht	Reg. No. 40,481
Stephen W. Bauer	Reg. No. 32,192
William D. Bauer	Reg. No. 28,052
Mary P. Bauman	Reg. No. 31,926
Thomas G. Berry	Reg. No. 31,736
Scott A. Marks	Reg. No. 44,902
David R. Cleveland	Reg. No. 29,524
Michael L. Mau	Reg. No. 30,087
Robin A. Sannes	Reg. No. 45,070
William F. Prout	Reg. No. 33,995

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I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct IPLM Group, P.A., to the contrary.

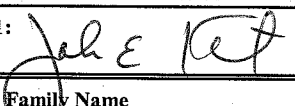
Please direct all correspondence in this case to the address associated with

**Customer No. 54228**

which currently is:

**IPLM Group, P.A.  
Post Office Box 18455  
Minneapolis, Minnesota 55418**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Kast	<b>First Given Name</b> John	<b>Second Given Name</b> E.
0	<b>Residence &amp; Citizenship</b>	<b>City</b> Hugo	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
1	<b>Post Office Address</b>	<b>Post Office Address</b> 10815 140 <sup>th</sup> Street North	<b>City</b> Hugo	<b>State &amp; Zip Code/Country</b> MN 55038/US
Signature of Inventor 201: 			Date: <u>July 6, 2007</u>	
2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Jimenez	<b>First Given Name</b> Oscar	<b>Second Given Name</b>
0	<b>Residence &amp; Citizenship</b>	<b>City</b> Coral Gables	<b>State or Foreign Country</b> FL	<b>Country of Citizenship</b> US
2	<b>Post Office Address</b>	<b>Post Office Address</b> 1231 Medina Avenue	<b>City</b> Coral Gables	<b>State &amp; Zip Code/Country</b> FL 33134/US
Signature of Inventor 202:			Date:	

2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Peters	<b>First Given Name</b> Charles	<b>Second Given Name</b> E.
0	<b>Residence &amp; Citizenship</b>	<b>City</b> Blaine	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
3	<b>Post Office Address</b>	<b>Post Office Address</b> 11940 Terrace Road NE	<b>City</b> Blaine	<b>State &amp; Zip Code/Country</b> MN 55434/US
<b>Signature of Inventor 203:</b>				<b>Date:</b>
2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Rickels	<b>First Given Name</b> James	<b>Second Given Name</b> E.
0	<b>Residence &amp; Citizenship</b>	<b>City</b> New Hope	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
4	<b>Post Office Address</b>	<b>Post Office Address</b> 8615 Hopewood Lane North	<b>City</b> New Hope	<b>State &amp; Zip Code/Country</b> MN 55427/US
<b>Signature of Inventor 204:</b>				<b>Date:</b>
2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Sschommer	<b>First Given Name</b> Mark	<b>Second Given Name</b> E.
0	<b>Residence &amp; Citizenship</b>	<b>City</b> Maple Grove	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
5	<b>Post Office Address</b>	<b>Post Office Address</b> 9135 Kingsview Lane North	<b>City</b> Maple Grove	<b>State &amp; Zip Code/Country</b> MN 55369/US
<b>Signature of Inventor 205:</b>				<b>Date:</b>

### § 1.56 Duty to disclose information material to patentability.

(a) A patent by its very nature is affected with a public interest. The public interest is best served, and the most effective patent examination occurs when, at the time an application is being examined, the Office is aware of and evaluates the teachings of all information material to patentability. Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section. The duty to disclose information exists with respect to each pending claim until the claim is canceled or withdrawn from consideration, or the application becomes abandoned. Information material to the patentability of a claim that is canceled or withdrawn from consideration need not be submitted if the information is not material to the patentability of any claim remaining under consideration in the application. There is no duty to submit information which is not material to the patentability of any existing claim. The duty to disclose all information known to be material to patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98. However, no patent will be granted on an application in connection with which fraud on the Office was practiced or attempted or the duty of disclosure was violated through bad faith or intentional misconduct. The Office encourages applicants to carefully examine:

- (1) prior art cited in search reports of a foreign patent office in a counterpart application, and
- (2) the closest information over which individuals associated with the filing or prosecution of a patent application believe any pending claim patentably defines, to make sure that any material information contained therein is disclosed to the Office.

(b) Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and

- (1) It establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim;
- or
- (2) It refutes, or is inconsistent with, a position the applicant takes in:
    - (i) Opposing an argument of unpatentability relied on by the Office, or
    - (ii) Asserting an argument of patentability.

A prima facie case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden-of-proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability.

(c) Individuals associated with the filing or prosecution of a patent application within the meaning of this section are:

- (1) Each inventor named in the application;
- (2) Each attorney or agent who prepares or prosecutes the application; and
- (3) Every other person who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application.

(d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	151P08970US02
First Named Inventor	Kest, et al.
COMPLETE IF KNOWN	
Application Number	10/772,944
Filing Date	02/05/2004
Art Unit	3766
Examiner Name	Carl Hernandez Layno

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL RECHARGING COIL**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/05/2004

as United States Application Number or PCT International

Application Number 10/722,944

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

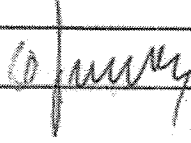
**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	54226	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country	Telephone		Email	
<p><b>WARNING:</b></p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
John E.		Kest		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Hugo	MN	USA	U.S.	
Mailing Address				
10815 140th Street North				
City	State	Zip	Country	
Hugo	MN	55038	USA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Oscar		Jimenez	
Inventor's Signature		Date	
		9/27/07	
Coral Gables Residence: City	FL State	USA Country	U.S. Citizenship
1231 Medina Avenue			
Mailing Address			
Coral Gables City	FL State	33134 Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charles E.		Peterson	
Inventor's Signature		Date	
Blaine Residence: City		MN State	USA Country
11940 Terrace Road NE		U.S. Citizenship	
Mailing Address			
Blaine City	MN State	55434 Zip	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James E.		Riekels	
Inventor's Signature		Date	
New Hope Residence: City		MN State	USA Country
6615 Hopewood Lane North		U.S. Citizenship	
Mailing Address			
New Hope City	MN State	55427 Zip	USA Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark E.		Schommer	
Inventor's Signature		Date	
Maple Grove Residence: City	MN State	USA Country	U.S. Citizenship
9135 Kingsview Lane North			
Mailing Address			
Maple Grove City	MN State	55389 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL RECHARGING COIL**

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<b>William D. Bauer</b>	<b>Reg. No. 28,052</b>
<b>Mary P. Bauman</b>	<b>Reg. No. 31,926</b>
<b>Thomas G. Berry</b>	<b>Reg. No. 31,736</b>
<b>Scott A. Marks</b>	<b>Reg. No. 44,902</b>
<b>David R. Cleveland</b>	<b>Reg. No. 29,524</b>
<b>Michael L. Mau</b>	<b>Reg. No. 30,087</b>
<b>Robin A. Sannes</b>	<b>Reg. No. 45,070</b>
<b>William F. Prout</b>	<b>Reg. No. 33,995</b>

to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct IPLM Group, P.A., to the contrary.

Please direct all correspondence in this case to the address associated with

**Customer No. 54228**

which currently is:

**IPLM Group, P.A.  
Post Office Box 18455  
Minneapolis, Minnesota 55418**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

201	<b>Full Name Of Inventor</b>	<b>Family Name</b> Kast	<b>First Given Name</b> John	<b>Second Given Name</b> E.
	<b>Residence &amp; Citizenship</b>	<b>City</b> Hugo	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
	<b>Post Office Address</b>	<b>Post Office Address</b> 10815 140 <sup>th</sup> Street North	<b>City</b> Hugo	<b>State &amp; Zip Code/Country</b> MN 55038/US
<b>Signature of Inventor 201:</b>			<b>Date:</b>	
202	<b>Full Name Of Inventor</b>	<b>Family Name</b> Jiminez	<b>First Given Name</b> Oscar	<b>Second Given Name</b>
	<b>Residence &amp; Citizenship</b>	<b>City</b> Coral Gables	<b>State or Foreign Country</b> FL	<b>Country of Citizenship</b> US
	<b>Post Office Address</b>	<b>Post Office Address</b> 1231 Medina Avenue	<b>City</b> Coral Gables	<b>State &amp; Zip Code/Country</b> FL 33134/US
<b>Signature of Inventor 202:</b>			<b>Date:</b>	

2	Full Name Of Inventor	Family Name Peters	First Given Name Charles	Second Given Name E.
0	Residence & Citizenship	City Blaine	State or Foreign Country MN	Country of Citizenship US
3	Post Office Address	Post Office Address 11940 Terrace Road NE	City Blaine	State & Zip Code/Country MN 55434/US
Signature of Inventor 203:			Date: 7-12-2007	
2	Full Name Of Inventor	Family Name Riekels	First Given Name James	Second Given Name E.
0	Residence & Citizenship	City New Hope	State or Foreign Country MN	Country of Citizenship US
4	Post Office Address	Post Office Address 8615 Hopewood Lane North	City New Hope	State & Zip Code/Country MN 55427/US
Signature of Inventor 204:			Date:	
2	Full Name Of Inventor	Family Name Sschommer	First Given Name Mark	Second Given Name E.
0	Residence & Citizenship	City Maple Grove	State or Foreign Country MN	Country of Citizenship US
5	Post Office Address	Post Office Address 9135 Kingsview Lane North	City Maple Grove	State & Zip Code/Country MN 55369/US
Signature of Inventor 205:			Date:	

### § 1.56 Duty to disclose information material to patentability.

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- or
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  - (3) Every other person who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application.
- (d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.

IPLM Group, P.A.

**United States Patent Application****COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **IMPLANTABLE MEDICAL DEVICE WITH EXTERNAL RECHARGING COIL**

The specification of which

- a. ☐ is attached hereto
- b. ☒ was filed on February 5, 2004 as application serial no. 10/772,944 and was amended on (if applicable) (in the case of a PCT-filed application) described and claimed in international no. filed and as amended on (if any), which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (attached hereto).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

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FOREIGN APPLICATION(S), IF ANY, CLAIMING PRIORITY UNDER 35 USC § 119			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
EP	01114677.6	19-06-2001	
ALL FOREIGN APPLICATION(S), IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)			
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U.S. APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)
09/596,566	19-06-2000	abandoned

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

U.S. PROVISIONAL APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)

I hereby appoint the attorney(s) and/or patent agent(s) associated with

**Customer No. 54228**

which currently includes:

<b>John W. Albrecht</b>	<b>Reg. No. 40,481</b>
<b>Stephen W. Bauer</b>	<b>Reg. No. 32,192</b>
<b>William D. Bauer</b>	<b>Reg. No. 28,052</b>
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Post Office Box 18455  
Minneapolis, Minnesota 55418**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Kast	<b>First Given Name</b> John	<b>Second Given Name</b> E.
0	<b>Residence &amp; Citizenship</b>	<b>City</b> Hugo	<b>State or Foreign Country</b> MN	<b>Country of Citizenship</b> US
1	<b>Post Office Address</b>	<b>Post Office Address</b> 10815 140 <sup>th</sup> Street North	<b>City</b> Hugo	<b>State &amp; Zip Code/Country</b> MN 55038/US
<b>Signature of Inventor 201:</b>			<b>Date:</b>	
2	<b>Full Name Of Inventor</b>	<b>Family Name</b> Jiminez	<b>First Given Name</b> Oscar	<b>Second Given Name</b>
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3	Post Office Address	Post Office Address 11940 Terrace Road NE	City Blaine	State & Zip Code/Country MN 55434/US
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2	Full Name Of Inventor	Family Name Riekels	First Given Name James	Second Given Name E.
0	Residence & Citizenship	City New Hope	State or Foreign Country MN	Country of Citizenship US
4	Post Office Address	Post Office Address 4308 Decatur Avenue North	City New Hope	State & Zip Code/Country MN 55428/US
Signature of Inventor 204:			Date: 07/25/2007	
2	Full Name Of Inventor	Family Name Schommer	First Given Name Mark	Second Given Name E.
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Signature of Inventor 205: <i>Mark E. Schommer</i>			Date: <i>7/22/07</i>	

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